

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

David Luzzi

For: CELLULAR PROBES

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

This declaration is directed to:

- ☐ The attached application,
- ☒ Application No. **10/582,660**, filed on _____, as amended on _____ (if applicable);
- ☒ was described and claimed in PCT International Application Number **PCT/US2004/041262**, filed on **December 10, 2004** and as amended under PCT Article 19 on _____ and/or PCT Article 34 on _____.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the above-captioned application.

I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby appoint all the practitioners associated with Customer Number 23377 to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith. Each practitioner associated with Customer Number 23377 is an attorney or agent registered before the United States Patent and Trademark Office.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor # 1

David

(Given Name)

E.

(Middle Initial or Name)

Luzzi

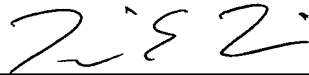
(Family or last name)

City/State of Actual Residence: Wallingford, Pennsylvania

Mailing Address:

(include street address, city, state,
and zip code)394 Turner RoadWallingford, Pennsylvania 19086Country of Citizenship: United States of America

Inventor's signature: _____

Date: 8/8/06